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Sex Differences in Stigma Reduction toward Minor Attracted Persons (MAPs) via Contact Interventions

Jessica P. Gaudette [1] *, Margo C. Watt* [1,2*] *, Christopher J. Lively* [1]

[1] *Department of Psychology, St. Francis Xavier University, Antigonish, Nova Scotia B2G 2W5, Canada*

[2] *Department of Psychology & Neuroscience, Dalhousie University, Halifax, Nova Scotia B3H 4R2, Canada*

ABSTRACT

Individuals who are sexually attracted to children (i.e., people with pedophilic interests or minor-attracted persons; MAPs) can, and do, live offence-free. Stigmatization and fear of conviction, however, can prevent MAPs from accessing appropriate support and treatment. Previous researchers compared the impact of two interventions – narrative humanization vs. scientific information-in reducing stigma towards people with pedophilic interests and found the former to be more effective. Using freely available secondary data, the present study replicated and extend this previous research by directly examining sex differences on impact of the two interventions. As predicted, females (vs. males) held more negative and stigmatic attitudes towards sex offenders at baseline and, while both interventions showed a positive impact on these negative attitudes, the impact was greater for females. Results are discussed in terms of reducing stigma regarding MAPs by positioning the issue in the public health domain by educating mental health professionals via contact interventions as a means of better protecting children and preventing child sexual abuse.

Keywords: Pedophilia; Stigma; Attitudes; Narrative humanization; Sexual abuse prevention

1. Introduction

"Minor attracted person" or MAP refers to an individual who experiences sexual attraction to prepubescent (i.e., pedophilic interest to children <12 years old) or pubescent (i.e., hebephilic interest to children and early adolescents ~11–14 years old) youth; children under the age of consent [1]. Pedophilic disorder falls

under the paraphilic disorder category within the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5-TR [2]). Hebephilia is not included in the DSM-5-TR, although the criteria extend to age 13 years old.

Historically, MAPs have been called "pedophiles". The recent attempts to shift language to "MAP" is intended to reduce stigma and enhance the chances that MAPs at risk for harming children and youth will seek help. Emphasizing someone's personhood instead of their membership in a group as defined by a diagnosis or condition decreases stigma [3]. Stigmatization and punitive attitudes arise from the misconception that pedophilic disorder is synonymous with sexual offender. A person can meet the criteria for pedophilic disorder because they experience marked personal distress or interpersonal difficulty due to wrestling with sexual urges and fantasies without ever having acted on those urges. If people do not understand this, then they may form the inaccurate assumption that being a MAP means the person has acted, or is at high risk to act, in a sexual manner against children. Research shows that MAPs comprise a minority of those who offend in a sexual manner [4], and that most who offend in a sexual manner are primarily attracted to adults [5].

Recent research has attempted to understand why avoidance of and punitive attitudes toward non-offending pedophilic men is so strong among society (even when it is clear the individual has not committed any sexual crimes). For example, Jahnke [6] asked 205 participants (58% male) to read one of four vignettes describing a pedophilic (i.e., MAP) or teleiophilic (i.e., sexual preference for sexually mature adults) man named "Jim" experiencing a sexually transgressive impulse toward a girl (i.e., a child/youth) or woman (i.e., an adult), respectively. Results showed that the participants' desire to punish or avoid males with sexually transgressive impulses was stronger when these impulses were directed at girls versus women. Even when it was made clear that "Jim" had not offended and was highly unlikely to offend, participants still perceived him to be dangerous. A higher tendency to give socially desirable responses was found to be associated with higher punitive attitudes and higher perceived dangerousness.

Participants reported fear, disgust, anger, and reduced pity when thinking about a MAP. Moreover, female (vs. male) participants were more likely to experience fear and disgust and a greater desire to punish "Jim", possibly because the vignette targets were female.

Interestingly, research on sex differences in attitudes toward sex offenders in general (vs. MAPs specifically) has produced mixed results. Many studies have found no differences in attitudes between male and female respondents, while some studies have found that females are more fearful of sexual offenders than males, and other studies have found that females hold less negative attitudes than males (for summary see Willis et al. [7]). Willis and colleagues [7] investigated public attitudes toward sex offenders in New Zealand (305 female, 96 male; *M*age = 31.4 years, *SD* = 10.97). Results showed that females (vs. males) held significantly more negative feelings toward, and greater desire for social distancing from, sex offenders and tended to overestimate their risk for recidivism. These findings are not surprising given females' significantly greater risk to experience sexual violence. According to the U.S. Centers for Disease Control's 2016/17 Report on Sexual Violence [8], 26.8% of women (vs. 3.8% of men) have been raped in their lifetimes. More broadly, 54.3% of women and 30.7% of men have experienced "contact sexual violence" (i.e., rape, being made to penetrate, sexual coercion, and/or unwanted sexual contact) in their lifetimes [8].

Stigmatization of MAPs, however, has consequences such as marginalization and dehumanization [9], as well as internalized stigmatization [10]. Internalized stigmatization has adverse effects on the individual. MAPs can live in fear of their sexual interests being discovered by others, leading to high levels of stress, loneliness, low self-esteem, and mental health issues, including chronic suicide ideation [11]. Stigmatization can lead to avoidance of help-seeking [12] but also result in professionals' unwillingness to provide treatment to MAPs [13]. Stiels-Glenn [14], for example, found that over 95% of psychotherapists in Germany were unwilling to work with patients diagnosed with pedophilia due to negative feelings and attitudes toward this group. In Finland, a public health survey of 352 clinical practitioners (medical doctors, psychologists, psychotherapists, and other

health care personnel) found that most (65%) rated their skills and knowledge as poor or insufficient concerning the treatment of persons with pedophilia; 38% rated their personal attitudes as equally inadequate [15].

Reducing stigma toward MAPs could facilitate treatment access and reduce risk to minors. Anti-stigma interventions can include advocacy, education, and contact [16]. An example of advocacy would be protests that aim to target and reduce media endorsement of stereotypes. An educational approach could challenge myths, such as that all MAPs act in a sexual manner against a child and provide more fact-based information. Education has been found to be more effective with adolescents, while contact interventions have been found to be more effective with adults [17]. Contact interventions promote interactions with members of the stigmatized group and encourage participants to adopt a more empathetic stance vis-à-vis the stigmatized population (i.e., put themselves in their shoes).

Compared to advocacy and education, contact interventions have been found to be most effective in reducing stigma towards MAPs. For example, Jahnke et al. [18] tested a 10-minute online intervention (i.e., educational material plus video clip about a person with pedophilia) to reduce stigma and increase motivation to work with MAPs. Psychotherapists in training were randomly assigned to either anti-stigma intervention ($n = 68$) or control group ($n = 69$). In the anti-stigma intervention, participants watched a 5-minute video clip from the Austrian documentary "Outing" wherein a young student discusses his sexual interest in children, therapeutic experiences, and mental health struggles. In the control condition, participants received information about violence-free parenting. Results showed that endorsement of negative stereotypes pertaining to perceived controllability and dangerousness, as well as feelings of anger and desire for social distancing were significantly reduced post-intervention in the anti-stigma condition as compared to the control group. Interestingly, despite these findings, participants' motivation to work with MAPs remained unchanged.

In 2018, Harper, Bartels, and Hogue [19] compared the effect of two anti-stigma interventions (narrative humanization and scientific information) on attitudes toward MAPs using a student sample ($N = 100$; 81% female). In the narrative humanization condition, participants watched a 5-minute video clip from a UK-based documentary entitled: *The Paedophile Next Door*. In this clip, "Eddie", a self-identifying, non-exclusive, and non-offending MAP, shares his experiences discovering his sexual orientation and the lack of services available for people like him who would like further support to remain offence-free. In the scientific information condition, participants watched a 5-minute video clip from the same UK documentary wherein psychologist, Dr. James Cantor, describes his research into the neurobiological basis of MAP as a sexual orientation (*Mysteries of the Mind: The Pedophile's Brain (HD)* [20]). At the end of each video, the protagonist asserts the value of early intervention prior to the commission of sexual offences as an effective way of preventing child sexual abuse. As predicted, Harper et al. [19] found that both interventions led to reductions in stigmatization and punitive attitudes about pedophiles. However, the size of the effect of the manipulation was much larger in the narrative humanization condition ($dz = 1.20$) than in the scientific informative condition ($dz = 0.57$).

As a follow up study in 2022, Harper and colleagues [9] extended their research by comparing the same two anti-stigma interventions using a longitudinal experimental design. The sample was comprised of 950 participants at baseline and post-intervention (50% female; $M_{age} = 36.78$ years, $SD = 13.75$); and at 4-month follow-up with 539 participants (51% female; $M_{age} = 39.83$ years, $SD = 13.05$). Like their 2018 study, Harper and colleagues [9] used the Attitudes to Sex Offenders Scale (ATS-21 [21]) to establish baseline levels of attitudes toward people convicted of sexual offences, as well as the Stigma and Punitive Attitudes Scale (SPS [22]) which was used to assess participants' perceptions and responses to people with pedophilic sexual interests (i.e., with subscales of dangerousness, intentionality, deviance, and punitiveness). In Harper et al.'s 2022 study [9],

the SPS subscales were completed at baseline, post-intervention, and 4-month follow-up. Results showed that perceptions of dangerousness and punitive attitudes toward pedophiles were significantly reduced following the presentation of a video with significant effects holding (although to a lesser degree) after four months. In contrast to Harper et al.'s 2018 study [19], however, there was no significant difference in these effects between the two experimental conditions, suggesting that both interventions—narrative humanization and scientific information—were equally effective in reducing negative attitudes.

In both studies [9,19], Harper and colleagues covaried age, sex, and total ASI-21 scores in their analysis. The present study sought to extend their work by specifically testing the impact of sex on the respective interventions. We predicted that females (vs. males) would show: 1. significantly more stigma and negative attitudes toward sex offenders at baseline; 2. a greater magnitude of reduction in stigma and negative attitudes from pre-to-post-to 4-month follow-up; with 3. more impact by the narrative humanization versus scientific information condition.

2. Methodology

This study utilized secondary data derived from Harper et al. [9], which is freely available through the Center for Open Science (see https://osf.io/nhuqg/files/osfstorage) webpage. The data set was created, deidentified, and shared by Harper et al. [9]. Data cleaning was conducted prior to analysis to ensure no errors in the original data file. Similar to the approach used by Harper et al. [9], listwise deletion was used to address any missing data and ensure that all analysis was run with complete datasets. This resulted in the exclusion of three participants bringing the total population size to 947. Analyses were done using SPSS 28.

2.1 Measures

Demographics

Participants had been provided the option of selecting "Male" or "Female" to identify sex. Age data also were collected.

Attitudes Towards Sex Offenders Measure

The ATS-21 [21] is a 21-item measure derived from the original ATS-36 [23], which is commonly used to assess attitudes toward sexual offenders. While this measure does not directly ask about MAPs, it has been found that participants typically report completing the ATS-21 with "pedophiles" in mind [24]. Each item is scored on a 5-point Likert scale from 0 (*strongly disagree*) to 4 (*strongly agree*) with a potential scoring range of 0–84. High scores indicate positive attitudes toward sexual offenders [20]. In Harper et al.'s most recent study[9], the ATS-21 demonstrated excellent internal consistency ($\alpha = 0.94$).

Stigma and Punitive Attitudes Scale

The SPS [22] is a 30-item scale designed to examine attitudes toward the stigmatization of pedophiles. SPS subscales assess perceptions of dangerousness (5-items; e.g., "pedophiles are dangerous for children"; $\alpha_{baseline} = 0.67$; $\alpha_{post\text{-}intervention} = 0.78$; $\alpha_{follow\text{-}up} = 0.75$); intentionality (6-items; e.g., "pedophilia is something that you choose for yourself"; $\alpha_{baseline} = 0.88$; $\alpha_{post\text{-}intervention} = 0.85$; $\alpha_{follow\text{-}up} = 0.88$); deviance (6-items; e.g., "pedophiles are sick"; $\alpha_{baseline} = 0.57$; $\alpha_{post\text{-}intervention} = 0.57$; $\alpha_{follow\text{-}up} = 0.53$); and punitiveness (13-items; e.g., "pedophiles should be pre-emptively taken into custody"; $\alpha_{baseline} = 0.91$; $\alpha_{post\text{-}intervention} = 0.91$; $\alpha_{follow\text{-}up} = 0.92$). Each item is answered using a 7-point Likert scale from 1 (*strongly disagree*) to 7 (*strongly agree*). Each subscale score reflects the sum of scores for each domain. The measure has a potential scoring range of 0–35 for dangerousness, 0–42 for intentionality, 0–42 for deviance, and 0–91 for punitiveness, with high scores indicating negative views in relation to each stigma domain [22].

Video Manipulation

Harper et al. [9] used two 5-minute video clips derived from a 2015 UK television documentary *The Paedophile Next Door*. In the narrative humanization video clip, a self-identifying, non-exclusive, and non-offending MAP ("Eddie") provides information about his discovery of his sexual orientation, experience as a MAP,

and lack of services for individuals like him who seek to remain offence free. In the scientific information video clip, a clinical psychologist and sexologist (Dr. James Cantor) speaks about his research on the neurobiological basis of pedophilia as a sexual orientation.

3. Results

The average age of the 947 participants (50% female) was 36.59 years (*SD* = 12.7); males: 36.36 years (*SD* = 14.97), females: 37.20 years (*SD* = 12.41). An independent samples *t*-test indicated that the two sexes did not differ significantly in age,

$t(945) = –0.94, p = 0.35$.

To test the first hypothesis, a one-way ANOVA was conducted with sex as the independent variable and baseline scores of the ATS-21 and SPS subscales as dependent variables. At baseline, females (vs. males) revealed significantly more negative attitudes toward sex offenders as measured by the ATS-21 and significantly higher perceptions of sex offenders as being dangerous, intentional (volition) in their actions, deviant, and deserving of punishment **Table 1** contains the zero-order correlations between all dependent variables. **Table 2** contains descriptive statistics as a function of sex at baseline.

Table 1. Zero-order correlations of dependent variables at baseline.

Measure	1	2	3	4	5
1. ATS-21	---				
2. SPS-Dangerousness	-.59**	---			
3. SPS-Intentionality	-.53**	.49**	---		
4. SPS-Deviance	-.37**	.43**	.21**	---	
5. SPS-Punitiveness	-.77**	.60**	.57**	.39**	---

Note. **$p<.001$; ATS-21 = Attitudes Towards Sex Offenders Measure; SPS = Stigma and Punitive Attitudes Scale.

Table 2. Descriptive statistics of sex at baseline.

Measure	Total		Male		Female		t-test	
	M	SD	M	SD	M	SD	F	p
1. ATS-21	33.52	13.59	36.18	13.19	30.93	13.47	36.79	<.001
2. SPS-Dangerousness	5.39	0.92	5.28	0.92	5.51	0.91	14.95	<.001
3. SPS-Intentionality	4.03	1.39	3.94	1.34	4.12	1.44	4.16	.04
4. SPS-Deviance	5.10	0.85	5.09	0.87	5.19	0.82	11.22	<.001
5. SPS-Punitiveness	4.33	1.19	4.09	1.14	4.57	1.19	41.57	<.001

Note. ATS-21 = Attitudes Towards Sex Offenders Measure; SPS = Stigma and Punitive Attitudes Scale. M = Mean; SD = Standard Deviation; F = F-Statistic value; p = Probability value.

For the second hypothesis, a series of repeated measures ANOVAs were conducted to test the impact of the between-subject variables: condition (narrative humanization vs. scientific information) and sex (male vs. female), on the within-subject variables: SPS subscales of dangerousness, intentionality, deviance, and punitiveness, at three-time points [baseline (i.e., T1), post-intervention (i.e., T2), and 4–month follow-up (i.e., T3)] with age and total ATS-21 scores as covariates in the model.

3.1 SPS-Dangerousness (i.e., potential for harm to others)

For SPS-Dangerousness, there was a significant multivariate effect of time, $F(2, 531) = 5.00\ p < 0.007$, $\eta_p^2 = 0.02$; a significant 2-way interaction between time and ATS-21, $F(2, 531) = 11.00, p < 0.001, \eta_p^2 = 0.01$;

and a significant interaction between time and sex, $F(2, 531) = 3.31$ $p = 0.02$, $\eta_p^2 = 0.01$. Mauchly's test indicated no violation of the assumption of sphericity, $X^2(2) = 3.26$, $p = 0.20$. Within subjects effects revealed a significant main effect of time on perceptions of dangerousness, $F(2, 1064) = 4.63$, $p = 0.01$; and a significant 2-way interaction between time and ATS-21, $F(2, 1064) = 11.54$, $p < 0.001$; and time and sex, $F(2, 1064) = 3.79$, $p = 0.01$. No other interactions were significant. Perceptions of dangerousness decreased significantly from T1 to T2 and rebounded from T2 to T3, but not to baseline levels; all were significantly different at the $p < 0.001$ level. Pairwise comparisons indicated a significant difference between males and females at T2, $F(1, 532) = 5.12$, $p = 0.02$, with females showing a more precipitous reduction in perceptions of dangerousness from T1 ($EM = 5.40$, $SE = 0.04$) to T2 ($EM = 4.61$, $SE = 0.05$) as compared to males (T1 $EM = 5.40$, $SE = 0.04$; T2 $EM = 4.77$, $SE = 0.05$). See **Figure 1**.
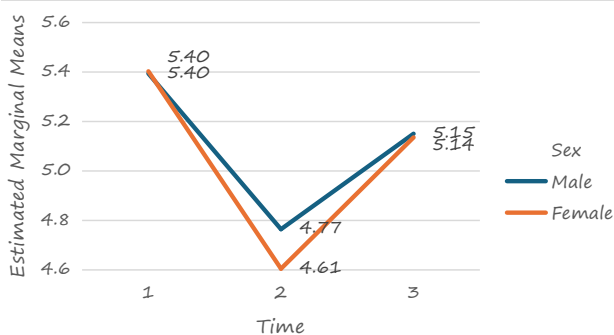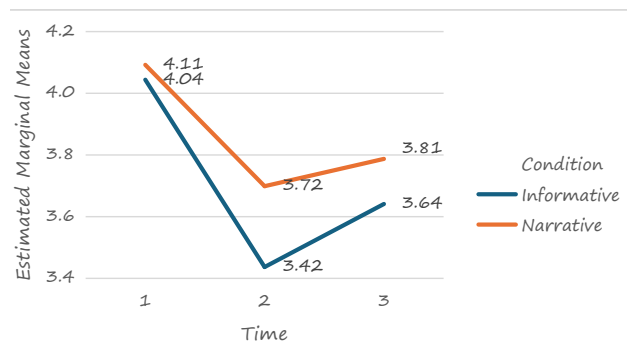

Figure 1. Estimated marginal means of SPS-Dangerousness across three time points by sex.

Note. 1 = Baseline; 2 = Post-Intervention; 3 = 4-month follow-up

3.2 SPS-Intentionality (i.e., volition or controllability of urges)

For SPS-Intentionality, there was a significant multivariate effect of time, $F(2, 531) = 9.86$, $p < 0.001$, $\eta_p^2 = 0.04$; a significant 2-way interaction between time and ATS-21, $F(2, 531) = 4.60$, $p = 0.01$, $\eta_p^2 = 0.02$; and an interaction between time and condition, $F(2, 531) = 4.61$, $p = 0.01$. Mauchly's test indicated violation of assumption of sphericity, $X^2(2) = 18.80$, $p < 0.001$ and degrees of freedom were corrected using Green-

house-Geisser. Within subjects effects revealed a significant main effect of time, $F(2, 1028.218) = 8.19$, $p < 0.001$; and a significant 2-way interaction between time and ATS-21, $F(2, 1028.218) = 3.75$, $p < 0.03$; and a significant 2-way interaction between time and condition, $F(2, 1028.218) = 3.76$, $p = 0.02$. No other interactions were significant. Perceptions of intentionality decreased significantly from T1 to T2 and rebounded from T2 to T3, but not back to baseline levels; all were significantly different at the $p < 0.001$ level. Pairwise comparisons indicated a significant difference between the two conditions at T2 with a trend ($p = 0.06$) for a difference at T3. The reduction at T2 was greater in the scientific informative condition ($EM = 3.42$, $SE = 0.07$) as compared to the narrative humanization condition ($EM = 3.72$, $SE = 0.07$); however, the reduction rebounded significantly ($p < 0.001$) from T2 to T3 ($EM = 3.62$, $SE = 0.07$) although not to baseline levels. By comparison, reductions in perceptions of intentionality in the narrative humanization condition remained stable from baseline to post-intervention to follow-up (T1 $EM = 4.11$, $SE = 0.07$; T2 $EM = 3.72$, $SE = 0.07$; T3 $EM = 3.81$, $SE = 0.07$) with no significant rebound at T3 ($p = 0.11$). See **Figure 2**.

Figure 2. Estimated marginal means of SPS-Intentionality across three time points by condition.

Note. 1 = Baseline; 2 = Post-Intervention; T3 = 4-month follow-up

3.3 SPS-Deviance (i.e., sexual behaviour is pathological)

For SPS-Deviance, there was a significant multivariate effect of time and sex, $F(2, 531)$ 4.36, $p = 0.01$, $\eta_p^2 = 0.02$, as well as time and condition, $F(2, 531) = 19.17$, $p < 0.001$, $\eta_p^2 = 0.07$. Mauchly's test

indicated violation of assumption of sphericity, X^2 (2) = 44.53, $p < 0.001$, and degrees of freedom were corrected using Greenhouse-Geisser. Within subjects effects indicated a significant 2-way interaction between time and condition, $F(1.85, 984.780) = 14.07$, $p < 0.001$, and time and sex, $F(1.85, 984.780) = 3.31$, $p = 0.04$. There were no other significant main effects or interactions. Pairwise comparisons indicated a significant difference between males and females in perceptions of deviance at T2 $F(1, 532)= 4.13$, $p = 0.04$, but not at T1, $F(1, 532) = 0.12$, $p = 0.73$, or T3, $F(1, 532) = 2.06$, $p = 0.15$. Males' perceptions of deviance did not change significantly from T1 ($EM = 5.08$, $SE = 0.04$) to T2 ($EM = 5.11$, $SE = 0.04$) to T3 ($EM = 5.06$, $SE = 0.04$), while females' perceptions of deviance dropped precipitously from T1 ($EM = 5.10$, $SE = 0.04$) to T2 ($EM = 4.99$, $SE = 0.04$) and held at T3 ($EM = 4.97$, $SE = 0.04$). See **Figure 3**. Deviance scores were significantly lower in the narrative humanization condition ($EM = 4.93$, $SE = 0.04$) as compared to the scientific informative condition ($EM = 5.16$, $SE = 0.04$) at T2. See **Figure 4**.

Figure 3. Estimated marginal means of SPS-Deviance across three time points by sex.

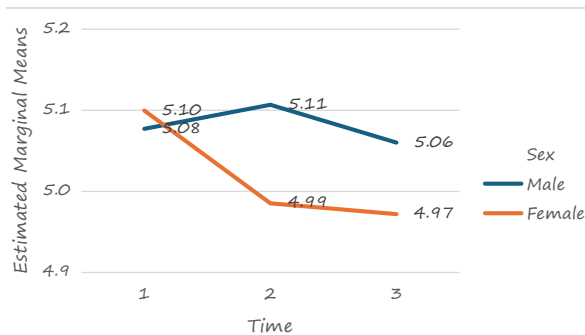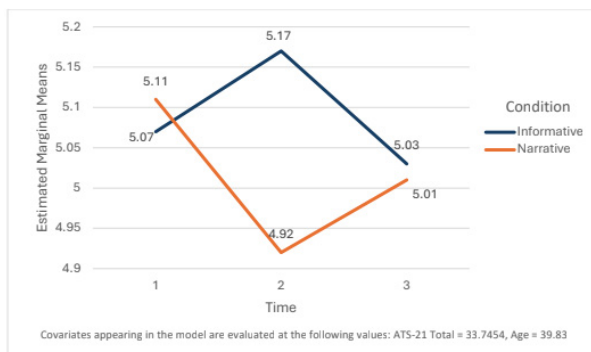*Note.* 1 = Baseline; 2 = Post-Intervention; 3 = 4-month follow-up

Figure 4. Estimated marginal means of SPS-Deviance across three time points by condition.

Note. 1 = Baseline; 2 = Post-Intervention; 3 = 4-month follow-up

3.4 SPS-Punitiveness (i.e., desire to inflict punishment)

For SPS-Punitiveness, there was a significant effect for time, $F(2, 531) = 16.87$, $p < 0.001$ $\eta_p^2 = 0.06$, and an interaction between time and sex, $F(2, 531) = 5.37$, $p = 0.005$, $\eta_p^2 = 0.02$. Mauchly's test indicated that the assumption of sphericity had been violated, X^2 (2) = 60.97, $p < 0.001$, so degrees of freedom were corrected using Greenhouse-Geisser. Within-subjects effects indicated a significant main effect of time, $F(2, 599.837) = 13.28$, $p < 0.001$, and a significant 2-way interaction between time and sex, $F(2, 599.837) = 4.03$, $p = 0.02$. There were no other significant interactions. Perceptions of punitiveness decreased significantly from T1 ($EM = 4.28$, $SE = 0.03$) to T2 ($EM = 3.85$, $SE = 0.04$) and rebounded from T2 to T3 ($EM = 4.06$, $SE = 0.04$), but not to baseline levels; all were significantly different at the $p < 0.001$ level. Pairwise comparisons indicated females ($EM = 4.36$, $SE = 0.05$) scored significantly higher than males ($EM = 4.22$, $SE = 0.05$) in punitiveness scores at T1, but not at T2 (female $EM = 3.86$, $SE = 0.05$; male $EM = 3.84$, $SE = 0.05$) or at T3 (female $EM = 4.07$, SE = 0.05; male $EM = 4.05$, $SE = 0.05$). Both males and females showed significant reduction in punitive attitudes from baseline to post-intervention, which held at four month follow-up; all were significantly different at the $p < 0.001$ level. See **Figure 5.**

Figure 5. Estimated marginal means of SPS-Punitive across three time points by sex.

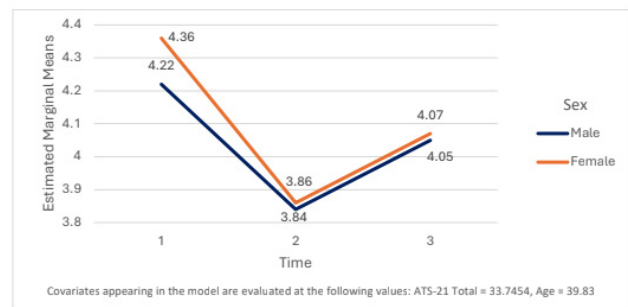*Note.* 1 = Baseline; 2 = Post-Intervention; 3 = 4-month follow-up

4. Discussion

This study sought to extend the work of Harper and colleagues [9,19] by specifically testing the impact of sex

on two contact interventions designed to reduce stigmatic attitudes about sex offenders; namely, narrative humanization and scientific information. Examining potential sex differences directly was thought to be important given the implications. For example, females are more apt to be the victims of sexual violence and, therefore, could be expected to hold more negative perceptions and to be more fearful of those at risk to perpetrate sexual violence. Surprisingly, the literature in the area is somewhat mixed. There is some evidence that exposure to fact-based information about sex offenders can reduce stigma and, perhaps, fear. More accurate perceptions could enhance accuracy of risk perception and safety. Moreover, females comprise the vast majority (over 70%) of practicing psychologists and psychotherapists. If prevention of sexual abuse is to be achieved through encouraging MAPs (and others at risk for offending in a sexual manner) to access mental health professionals, then these professionals need to be well informed and prepared to accept such referrals.

Findings from the present study showed that females (vs. males) held significantly more negative and stigmatic attitudes toward sex offenders at baseline, but they also appeared to benefit more from both interventions. Results showed immediate reductions in perceptions of dangerousness, intentionality, deviance (only for females), and punitiveness from baseline to post-intervention across both conditions. Perceptions of dangerousness (i.e., risk to inflict harm on others) decreased significantly from baseline to post-intervention, and although levels rebounded significantly from post-intervention to 4-month follow-up, they did not resume baseline. In both conditions, females (vs. males) showed a significantly greater decline in perceptions of dangerousness from baseline to post-intervention, attaining levels comparable to males at 4-month follow-up. Collectively, these findings suggest that exposure to fact-based information about sex offenders, whether from a personal account or scientific expert, can modify perceptions of risk.

Negative perceptions of intentionality (i.e., amount of control or volition over pedophilic sexual urges) also declined from baseline to post-intervention but, in this case, there was a significant difference between the two interventions. Perceptions of intentionality showed a greater decline in the scientific informative (vs. narrative humanization) condition. This decline rebounded significantly, however, from post-intervention to 4-month follow-up, although levels did not resume baseline. The same pattern of results did not occur in the narrative condition where the significant reduction from baseline to post-intervention remained stable from post-to-follow-up. This finding suggests that exposure to a person's story about their lived experiences as a MAP (i.e., hearing a personal account vs. educational information) may yield a more enduring impact. Of course, more research is required to confirm this proposition.

Regarding perceptions of deviance (i.e., perspective that pedophilia is pathological and in need of treatment), females showed a precipitous decline from baseline to post-intervention in both conditions; a decline that was sustained at 4-month follow-up. By comparison, males showed no significant change across the three time points. Overall, deviance scores differed significantly between the two conditions at post-intervention with significantly lower scores in the narrative humanization versus scientific informative condition. These findings offer optimism that such contact interventions could be employed to enhance mental health professionals' (those who identify as female, at least) amenability to providing services to individuals at risk to offend in a sexual manner. Finally, although females (vs. males) showed significantly greater tendencies to respond punitively to sex offenders at baseline, both males and females showed a significant reduction in punitive attitudes from baseline to post-intervention, which held at follow-up. It is important to note that the deviance subscale demonstrated poor internal consistency at each time point so results must be interpreted with caution.

The topic of sex offenders can elicit strong and polarized views from the general public to mental health care professionals to criminal justice policy makers. Too often these views arise from inaccurate

stereotypes and misinformation. Research shows that exposure to fact-based knowledge of sexual violence versus media-fuelled narratives can allow individuals to think more critically and accurately when forming perceptions [25]. Research also shows that professionals who work with sex offenders endorse fewer negative stereotypes and hold more positive attitudes than those without similar professional experience [26]. Similar results have been found with police officers [27] and prison officers [23]. Moreover, at least one study found that attitudes toward sex offenders played a bigger role in sentencing decisions than either the offenders' intent (spontaneous or planned) or the degree of remorse they exhibited [28].

The findings of the present study add to this growing literature by highlighting that consideration of sex differences is important in the education and training of professionals (mental health, forensic, police, courts, corrections) to work with individuals at risk to offend in a sexual manner, including MAPs. We know that females have more reason to fear these individuals, and to harbour more negative perceptions and stigmatic responses, than males. On the other hand, females appear to be more amenable to modifying perceptions if presented with accurate information and, perhaps, especially when exposed to a narrative that humanizes the individuals that they fear. By decreasing the stigma that surrounds MAPs, increasing their access to professional resources, and moving pedophilia into the public health domain, we can better protect our children and prevent child sexual abuse.

Author Contributions

All authors' contributions included conception and design of study, data analyses, and writing/editing manuscript. Jessica Gaudette performed the bulk of the contributions as part of her undergraduate honours thesis. Drs. Margo Watt and Christopher Lively co-supervised Jessica's work.

Conflict of Interest

The authors have no conflicts of interest to disclose.

Ethics statement

Canada's Tri-Council Policy Statement (TCPS) outlines ethical expectations when conducting human-based research. The TCPS also outlines ethical considerations regarding the use of secondary datasets and informed consent. Our research utilized a freely available and deidentified secondary dataset provided by the original researchers [9], who ensured that informed consent was obtained from participants. Following the guidelines provided by the TCPS regarding our use of this secondary data, we obtained ethical clearance from the Research Ethics Board at St. Francis Xavier University. Approval of this research was granted on 5 December 2023 (Research Ethics Protocol #26787).

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ARTICLE

What Can We Do? An Action Research of Precise Psychological Support for Parents of School-Refusing Adolescents

Linyan Ruan [1,2], Yanming Ren [3], Haibo Zeng [4], Chune Zhang [1,2], Li He [1,2]*

[1] *Teachers' College, Beijing Union University, Beijing 100011, China*

[2] *Learning and Psychological Development Institution for Children and Adolescents, Beijing Union University, Beijing 100011, China*

[3] *Faculty of Heath and Wellness, City University of Macau, Macau 999078, China*

[4] *School of Economics and Management, Communication University of China, Beijing 100024, China*

ABSTRACT

Nevertheless parents often fall into depression, anxiety, and stress because of their children's school refusal which hinders their children's school reentry on the contrary, they still play primary and critical roles in the school reentry process of school-refusing adolescents. This study aimed to provide targeted psychological support to 274 parents of school-refusing adolescents through an action research through four action cycles. Based on parental needs and cutting-edge research, we underwent four cycles from top-down expert support to peer support for parents of school-refusing adolescents, from intervening in the families of school-refusing adolescents to intervening in the social-ecological system in which these families live, from a single discipline to interdisciplinary exploration, and emphasizing the postmodern psychological philosophy that emphasizes local knowledge. The results are: (1) a warm and peer-support internet we-chat group was established, (2) multi-disciplinary and multi-perspective psychological support and systems with different programs for these parents are figuring out, (3) a more comprehensive social atmosphere without stigmatization are for the phenomenon of school attendance problem are come into being, step by step.

Keywords: Action research; School refusal; Psychological support; Peer support; Social-ecological system; Interdisciplinary; Local knowledge

1. Introduction

In most countries and regions, schools are the central environment for the healthy growth and development of adolescents. Once a young person refuses to attend school, he or she might face a series of serious consequences in the short or long term. In the short term, adolescents who refuse to attend school or show persistent difficulties in remaining class may face academic difficulties, increased family conflict, peer problems, depression or anxiety; long-term constraints include school dropouts, poor occupational and employment outcomes, significant psychopathology, and risk behaviors, such as problem alcohol and drugs abuse [1, 2].

School refusal, a worldwide public health challenge, affects approximately 1%–7% of school-age adolescents [3, 4]. The first prerequisite for addressing school refusal is a clear and an unambiguous definition, however, refusal and truancy, two common types of school attendance problems, are often easily confused [5]. The term school refusal refers to adolescents who often have anxiety or other signs of emotional distress (e.g., somatic problems), whereas the term truancy is often used to refer to adolescents who intentionally do not attend school and hide their nonattendance problems from their parents. This behavior is often but not necessarily associated with oppositional defiance disorder and conduct disorders [6].

Although there is a degree of disagreement among researchers on the definition of school refusal, researchers generally agree that school-refusing young people have one or more following characteristics: (1) seek the comfort and security of home, preferring to remain close to parental figures, especially during school hours; (2) display evidence of emotional upset when faced with the prospect of having to attend school, though this may only take the form of unexplained physical symptoms; (3) manifest no severe antisocial tendencies, apart from possible aggressiveness when attempts are made to force school attendance and (4) does not attempt to conceal the problem from parents [7].

1.1 Need for school refusal interventions

Once adolescents refuse to attend school, it is difficult for them to resolve the problem on their own, and their school refusal behaviors and associated symptoms tend to worsen over time [8]. Interventions for adolescent school refusal have long spanned a range of disciplines and have been approached from many different perspectives. These interventions have played different roles in addressing young people's refusal school, and have also been refined and developed over a range of practices, culminating in a form of mutual integration of multiple interventions.

In the early days, the focus of addressing these problems was on school-refusing adolescents based on anxiety. Clinical approaches to the problem of school refusal have focused on the symptoms of anxiety and depression in adolescents who refused to attend school [9]. Common types of medical intervention include tricyclic antidepressants, selective serotonin reuptake, Inhibitors, etc [10, 11]. But medical intervention has not been accepted by school-refusing adolescents and their parents because of its side effects [9]. Meanwhile, some school-refusing adolescents because of their fluid and amorphous nature of anxiety and depressive symptoms as well as the overall ambiguity and uncertainty of the effectiveness of pharmacological interventions considering that some school-refusing adolescents who do not have any form of anxiety and depressive symptoms [12, 13].

Many empirical studies have shown psychological approaches to be effective in school refusing adolescents' anxiety/depression symptom relief and facilitating return to school (King et al., 2000; Maynard et al., 2015) [14, 15]. Cognitive behavioral therapy has been considered the most common, cost-effective, and effective in addressing anxiety-based school-refusing adolescents [16]. Cognitive behavioral therapy (CBT) can help school-refusing adolescents to improve somatic symptoms and change irrational beliefs related to school attendance, and specific techniques commonly used include relaxation training, exposure therapy, somatic management skills, and cognitive restructuring (Heyne et al., 2022; King et al., 2000) [3, 14]. King et al. followed up on 15 children who successfully resumed school through CBT therapy for 3–5 years. Thirteen children were able to adjust well to school 3–5 years after returning to school without exhibiting any of the more severe school refusal symptoms and receiving additional treatment [17]. Some researchers have also explored the efficacy of combining CBT and pharmacological interventions for school-refusing adolescents, and a study of interventions for 47 school-refusing adolescents with severe anxiety and depression, found that improvements in student attendance

were better in the 8-week combined imipramine (a drug that targets symptoms of anxiety and depression) and CBT intervention group than in the combined placebo (to match the imipramine drug intervention group, but there was no drug effect) and CBT intervention group[18].

However, the psychological approaches have also suffered some questioning and criticism. Firstly, psychological approaches, like clinical approaches, are aimed at alleviating some of the psychological/psychiatric symptoms of adolescents. But these approaches are less applicable to school-refusing adolescents with externalizing problems such as Attention-Deficit/Hyperactivity Disorder (ADHD), conduct disorder, etc[12]. Secondly, psychological approaches ignore the broader contextual factors that influence adolescents' school refusal problems, such as less consideration of factors from the school level (bullying in schools, social exclusion, teachers' classroom management)[19], from the societal dimension (high demands for academic achievement)[20], as well as from the family perspective. On this basis, more and more researchers have called for the key to solving the problem of school refusal should lie in emphasizing the functions and roles among the various systems of the social-ecological system in which adolescents live, and promoting the organic linkage and cooperation among the various systems[21, 22].

1.2 Parents' involvement in school refusal

Parents and/or other caregivers (abbreviated as "parents") played a key role in the emergence, development, maintenance, and prognosis of school refusal in adolescents[23, 24]. A research study by Egger showed that in a group of school-refusing adolescents with both internalizing and externalizing symptoms, 75% of the biological fathers or mothers had received psychiatric treatment[6]. Recently a research review employing the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) method to review the eight existing studies and found that parental psychological/psychiatric problems, family function, maternal overprotection, and parental self-efficacy were all significant predictors of adolescents developing school refusal[25].

Parents However, in the beginning, parents usually attribute this phenomenon to academic problems and ignore the children's physical/psychological problems, when youths do not attend school or show any visible signs of school refusal problems until the youth refuse to go to school completely, and then parents may be aware of the seriousness of the problem and feel very frustrated and helpless as a result[26–28]. Furthermore, if the problem of school refusal persists, parents may become reactive or anxious, and eventually become "paralyzed"[28].

The problem may worsen over time if the youths do not attend school soon[29], while most young people are not capable of returning to school on their own[30], hence the need for timely and effective intervention in the youths' own and surrounding systems is of supreme importance. To date, evidence suggests that parental involvement in the intervention process can greatly increase the rate of youth return to school[15, 31]. At the same time, Sandler et al. (2011) found that parents actively use parenting skills and build parental self-efficacy to address problems in parenting[24], as well as to have long-term positive effects on adolescents. In addition, Heyne et al. (2001) indicated that parents may be more effective and accessible targets in interventions to support their children who refuse to attend school[32]. Overall, factors from parents may contribute to or accelerate the emergence and development of school refusal. when it comes to the problem has been created, parents can play their function and role in helping to solve the problem.

While once young people appear to refuse to attend school, parents might feel depressed, anxious, and stressed, which may reduce their ability to support their children[33], thus preventing the teenager from returning to school. Therefore, these parents are likely to need some level of outside support to stabilize themselves and learn how to help their school-refusing children.

Family intervention is a common intervention to address adolescent school refusal. School refusal problems are often compounded by parental anxiety, complacency[28], and family interventions can be very helpful and supportive to the parents to ensure that they are sympathetic and firm[34]. Family interventions are more flexible compared to other psychological approaches. Kearney and Silverman (1995) summarized five types of unhealthy family functioning, which are entangled family, detached family, segregated family, conflicted family, and blended family[35]. Depending on the type of family functioning, the direction of interventions varies greatly in terms of the specific measures to be taken, and the counselor/therapist needs to conduct a proper overall family functioning. The counselor/therapist

also needs to properly assess the entire family functioning and be flexible in selecting and implementing techniques such as contingency contracting, role-playing, social skills training, etc. Richardson (2016) points out that if the parents are willing to establish a trusting alliance with the therapist and assume a firm, authoritative role, school-refusing adolescents' attendance will readily increase and their mental status will improve [28].

However, as a psychological approach, as mentioned earlier, family interventions in the traditional sense weaken/ignore the role of factors such as peer interaction, school climate, and community of school-refusing youth. In a 6-month Intensive In-home Child and Adolescents Psychiatric Services demonstrated no improvement in attendance for school-refusing adolescents with social issues in school and suggested that these school-refusing adolescents may benefit from school perspective perspectives [36].

1.3 School involvement in school refusal

In the school context, the causes of and interventions for school refusal relate to three main dimensions: peer interactions, curriculum, and teacher behavior [21].

In terms of peer interactions, some school-refusing adolescents may be more likely to experience difficulties in social situations or even social isolation and bullying [37]. And a good partnership, as a protective factor for school refusal problems, can be very supportive for adolescents and prevent them from refusing school [38]. Behavioral therapies such as systematic desensitization, relaxation training, social skills training, and situational imagery are used to improve the social problems of school-refusing adolescents [37]. Meanwhile, schools should also provide appropriate support for adolescents who have difficulties with peer interactions, such as establishing effective anti-bullying mechanisms [39, 40].

Factors such as curriculum that do not meet the needs of the individual adolescent and student disinterest in the curriculum itself may contribute in some way to the problem of adolescent school refusal [41]. Alternative educational, after-school programs, individualized and flexible instruction may be able to address the problem of school-refusing youth caused by the poor curriculum [16].

In terms of teacher behavior, inappropriate teaching methods, over-emphasis on consistency, and frequent criticism and blaming of students are all factors that contribute to

adolescents' school refusal [42]. The focus of the intervention is on appropriate training for teachers to help them understand and master how to help school-refusing adolescents academically, socially, and emotionally [43]. In addition, several school-wide, broad-based measures (e.g., rewarding or penalizing students for attendance) are effective in increasing student attendance [44, 45]. Finally, communication and cooperation between home and school have also been recognized as an important part of helping school-refusing youth return to school. Communication between teachers and parents can lead to mutual understanding and support, and common ways to do this include home visits, parent involvement in classroom activities, and workshops [46].

Although some of the interventions mentioned above provide a suitable school climate for school-refusing youth, some of them seem to have difficulty taking the step from home to school and benefiting from these interventions [47].

1.4 Community involvement in school refusal

The influence of community factors on youth school refusal to attend school is often presented as a contextual factor, with modes of transportation, unorganized/unsafe neighborhoods, poor sub-cultural values, and lacking of appropriate educational supportive services all contributing to some degree to the emergence of school refusal [12, 48].

Community-based approaches to addressing school refusal among adolescents are often based on systemic interventions in partnership with schools and families [16]. Such systemic intervention models and approaches are fluid and multifaceted, and the specific means of intervention depend largely on the characteristics and needs of the target population, as well as the availability of local resources and policies [49]. Out-of-school time programs, vocational training, parent education, and counseling are all interventions that can support the educational, social, physical, and mental health of students and increase the likelihood that they will return to school [50–53].

1.5 Family-based multidisciplinary interventions in school refusal

Currently, interventions centered on the families of school-refusing adolescents make up for the past neglect of the positive/negative role of schools and communities

on the issue of school refusal. Many research teams are increasingly focusing on the organic interactions between the ecosystems in which adolescents are embedded, and have developed a range of practical, interdisciplinary, family-based interventions for adolescents who are excluded from school that involve all aspects of the home, school, and community. For example, the integrated team (also known as family coach) for families can provide targeted support to families of young people with attendance difficulties by connecting home, school, and community, which can empower parents and increase young people's sense of safety and visibility[54]. Reissner et al. (2019) developed and tested a program that incorporates cognitive-behavioral therapy, family counseling, school counseling, and psychoeducational physical exercise program, and a multidisciplinary team (including psychotherapists, psychiatrists, psychiatric nurses, social workers, teachers, and a sports scientist) developed specific interventions under each module[55]. This approach allows flexibility in choosing different interventions under the four modules according to the needs of different adolescents and their parents . In addition, interdisciplinary teams are working in alternative and transitional education that has been shown to improve attendance, mental health, quality of life, and positive experiences in school for young people who refuse to attend school[56].

Overall, to better support parents of school-refusing youth, alleviate their anxiety, improve their family functioning and parent-child relationships, and help their children address barriers on the road back to school, we provide diversified and precise psychological support for school-refusing youth by using parents as the entry point and referring to the idea of single counseling to interdisciplinary team interventions in the development of family interventions.

2. Materials and methods

2.1 Methodology

Since Kurt Lewin introduced the concept of action research in 1946, action research has been applied to solve social problems and has evolved to encompass almost all fields of research and work[57]. Action research, as a methodology, is commonly used by practitioners from different disciplines (such as psychology, sociology, education, etc.) to promote the economic, political, psychological, and spiritual improvement and people's development in the communi-

ties[58]. Heron and Reason (2008) stated that action research can develop knowledge and contribute to educational development and active mobilization by engaging participants in an "extended epistemology" of empirical, representational, propositional, and practical ways of knowing[59]. In other words, effective action research can generate solutions to problems and practical knowledge that can be applied to life, avoiding the traditional disparity between mainstream scholarship and practice[59, 60].

It is generally accepted that Lewin was the first person who coined a complete framework for action research and emphasized that action research should proceed in a spiral cycle of steps that include identifying the problem, planning, implementing the action, reflecting on the process and results, replanning, implementing the action, reflecting again, and so on[61, 62]. This study will be based on the action research framework proposed by Lewin.

2.2 Project background

School refusal studies in China started later than it in the West, and the serious consequences of school refusal for adolescents have not yet received sufficient attention from the community, but there is growing evidence that school refusal among Chinese adolescents has become a problem that needs urgent attention and resolution. Many Chinese psychological and psychiatric clinics claimed that school refusal among adolescents has become the most important problem to address[63]. A study of 6369 Chinese adolescents suggested that about 22.5% of students exhibited different degree of school refusal behaviors and the severity of school refusal tended to increase with age[64].

In addition to this, we must also consider the impact of Covid-19 on the school refusal of Chinese youth. The consequences of Covid-19 have infiltrated every aspect of the daily lives of Chinese adolescents[65]. The Ministry of Education estimates that approximately 1.8 billion students have used the Internet and electronic media to access classes at home[66]. However, long-term social isolation and health concerns are expected to have significant impacts on the adolescents' academic achivements, physical and psychological health[67, 68]. For example, a survey of 668 parents from different regions of China suggested that some adolescents have some degree of posttraumatic stress disorder (20.7%) and depressive symptoms (7.2%)[69]. Given the high co-

linearity between school refusal and psychological/mental health problems[25], the situation of adolescent school refusal in China is likely to worsen. Finally, based on the results of research on hikikomori (a Japanese term to refer to the phenomenon of reclusive adolescents or adults who withdraw from social life, often seeking extreme degrees of isolation and confinement), we should be wary of further deterioration of school refusal into hikikomori[70].

2.3 Participants

Our research team "S" was created in early 2020 and was led by a faculty member "A*" with a Ph.D. in psychology and a faculty member B with a Ph.D. in education and was consisted of 14 members (including 7 current graduate students with a background in mental health education and 7 undergraduate students). The two leaders of the research team have extensive field research experiences and are primarily responsible for the design of the research protocol and the process of adapting the research direction and process to the specific situation promptly. The undergraduate and graduate students in the research team are responsible for observing research dynamics, collecting and organizing research data, and providing feedback on various problems encountered during the research process with the supervision from A & B. Team members meet online every month to share information they have observed, collected, and compiled over the recent period, to reflect on the current research process, and to discuss specific courses of action for the future.

Participants were recruited by using the electronic poster and snowball sampling, and all participants signed an electronic informed consent form and confidentiality agreement, with 274 parents in the group as of June 6, 2023.

3. Project stages: Spiral action in the field of school refusal

The study followed the basic framework of action research, with a cycle of identifying the problem, planning, taking action, reflecting on the research process and findings, and developing the next plan. There are four stages (**Figure 1**).

Stage 1: Focusing on the phenomenon of adolescent school refusal and understanding the current situation of families with school-refusing adolescents and their needs;

Stage 2: Creating a community for families with school-refusing adolescents; providing psychological support to parents within the community; exploring further ways to address the problem of school refusal through lectures by experts and interviews with these parents;

Stage 3: Promoting supportive behavior and provide psychological support for parents in the community; understanding the problem of school refusal from the school's perspective and inviting more experts in the field to discuss the issue of school refusal without stigmatization; providing support for young people who refuse to attend school.

Stage 4: Consolidating and improving community-parents support groups; exploring and disturbing the social-ecological system in which school-refusing adolescents live; exploring interdisciplinary intervention and prevention of school refusal, drawing on the experiences shared by hikikomori intervention experts; exploring multiple educational pathways from the perspective of comprehensive and systematic interventions.

3.1 Stage1: Preparation phases

Part 1-Plan: Initial understanding and collecting the needs of families with school-refusing adolescents through interviews

Before the study started, the two leaders of the research team found in their counseling sessions that the majority of visitors (parents) reported that their children refused to go to school and that visitors were very anxious, but could not do anything about it. Based on these situations, the two leaders decided to explore how to help these parents address their children's school refusal from a research perspective and formed the research team "S".

At the beginning of the study, we recruited families with school-refusing adolescents using electronic posters. Drawing on Kearney's criteria for identifying school refusal, we defined the recruitment criterion as "complete non-attendance" at school for at least one semester[12]. Additionally, we excluded families whose adolescents refused to attend school due to severe mental illness or for other valid reasons (e.g., physical illness)[71].
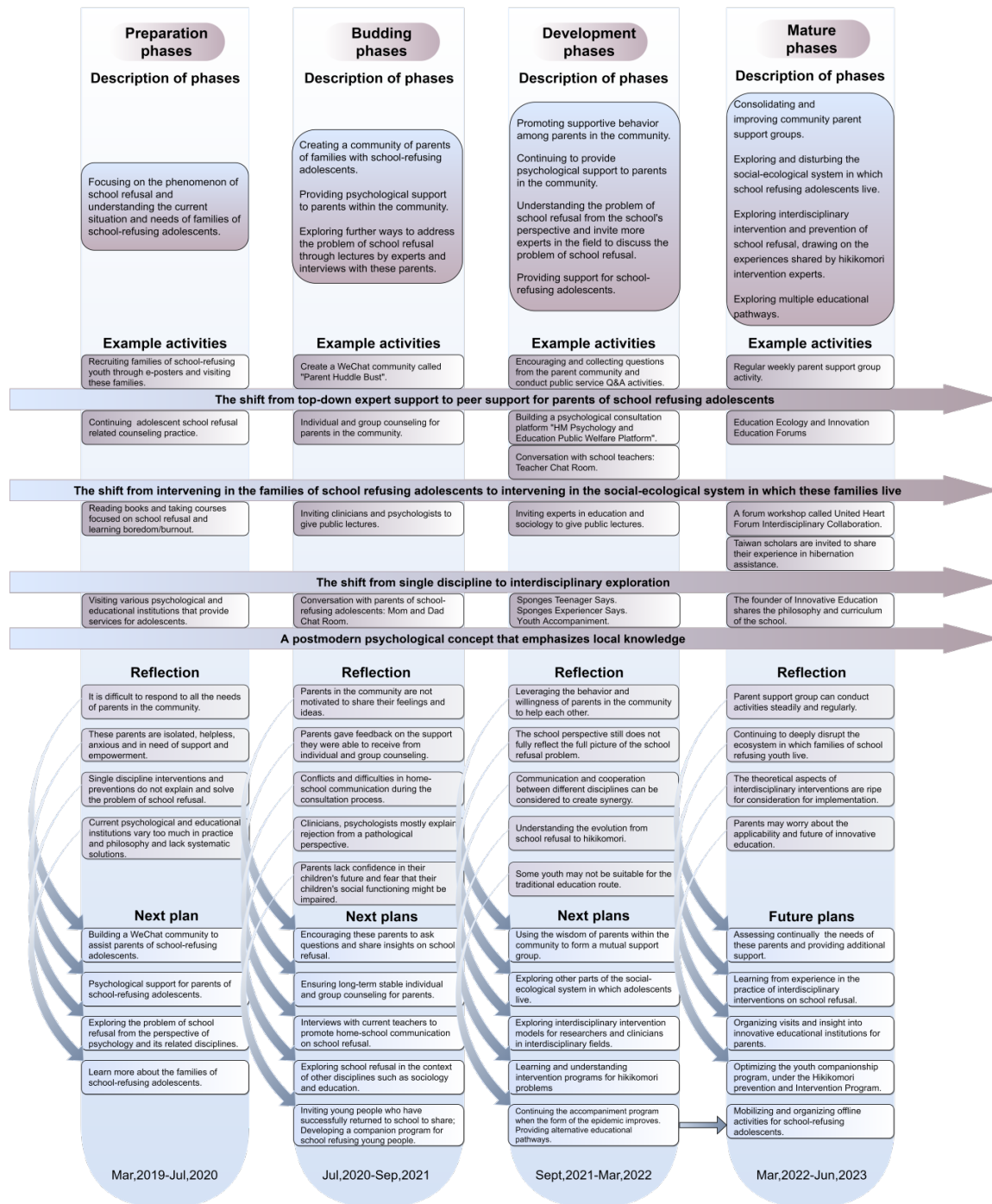
Figure 1. Action research and the process of action based on time and situation.

In the end, we recruited and conducted in-depth interviews with a total of seven families with school-refusing adolescents (**Table 1**). The results revealed that the reasons behind the youth who refused to attend school are highly variable and complex. While the parents of these youths showed some degree of anxiety and powerlessness, and we recognized that these parents needed support and empowerment.

We made a preliminary plan, on the one hand, we plan to learn more about the precise situation and needs of families who refuse to go to school through interviews and psychological counseling; on the other hand, we expect to find some sets of solutions to the problem of adolescent school refusal from the existing literature, books, and social institutions.

Table 1. Basic information of the seven youths who refused to go to school in the initial interview (All adolescents' names were replaced with pseudonyms).

Family number	Profile of school refusing young people
1	After Adam succeeded in getting into a major high school, he suddenly told his parents that he didn't want to go to school and wanted to play E-Sports.
2	Bob stopped attending school one week after the start of his junior year because of excessive language and behavior by his homeroom teacher.
3	Carol stopped attending school a week after the start of the school year because she participated in the idol practice auditions in her junior year and was criticized by her class teacher in front of the class and her classmates evaluated her. Carol has made several attempts to return to school, but she failed.
4	Daisy did not take the Senior High School Entrance Examination as she suffered from depression in her junior year due to the heavy academic pressure and homework load.
5	Emma didn't like go to school since kindergarten. After entering junior high school, she stopped going to school before the final exams of her first year because she felt physically and mentally uncomfortable due to the increased academic pressure and social fear.
6	Fannie was diagnosed with depression a year after her little sister was born and began experiencing non-attendance in fifth grade and indirect non-attendance in her junior year due to the effects of her illness.
7	George was bullied by his classmates shortly at his first year of school, and thereafter became fearful. He did not go to school a month later, and was diagnosed with depression.

Part 2-Action: Continuing to collect information from practical activities and trying to find solutions from literature and social organizations

To better understand and address the problem of adolescent school refusal, we continued to recruit families with school-refusing adolescents through e-posters. As the number of families recruited grew, the diverse and numerous needs of parents of school-refusing adolescents made it difficult for us to respond to all of them. Hence, we decided to invite all the parents recruited to a larger community focusing on the common problems of school refusal where we give them a degree of psychological and educational support.

To help these parents scientifically and effectively, we began to read psychological books and take courses focused on school refusal and boredom/burnout (in Chinese scholars' perspective, the problem of school non-attendance is more related to academic burnout), hoping to find solutions to the problem of school refusal.

Subsequently, we visited various psychological and educational institutions that provide services for adolescents. We chose these institutions from recommendations from parents, and advertisements.

Part 3-Reflection: The effectiveness and limitations of support based on psychological perspectives remain unclear

As we continued our school refusal-related counseling practice, we compiled interview data from the parents we recruited and concluded that these parents experienced the following psychological journey in addition to negative experiences such as anxiety and depression when addressing their teen's school refusal: (1) isolated and unsupported. They were not only isolated by their relatives, friends, and colleagues, but also considered as "deviants" and felt ashamed that their children do not go to school, and/or (2) seeking help without proper resources. These parents did not know how to find an organization to solve the problem of school refusal, and/or (3) worrying about their children's future, especially the career plan and the children's mental/health issues. However, as more and more parents were recruited and our research team grew tired of providing granular support to these parents, we considered bringing together parents with a certain homogeneous problem to address it.

We have not found ready-made solutions to the problem of adolescent school refusal in psychological literature, books, and curricula. It turned out that the causes, interventions, and prevention of school refusal are very complex and may not be addressed by a single discipline of psychology alone.

As for the various psychological and educational institutions visited and researched. We found that there are indeed some organizations in China that are trying to address the problem of school refusal, but the practice of these organizations varied greatly and lacked the basis of corresponding

empirical research to integrate into a systematic solution.

Part 4-Improvement: Building communities that can provide broad-based and precise support to parents and expanding the disciplinary perspectives of support programs

We need to gather for these parents and, depending on their problems, provide targeted and extensive support to parents struggling with common problems, and at the same time open up a counseling platform of a pro-bono nature to provide psychological counselling to a small number of parents.

Meanwhile, our next step is to further confirm the effectiveness of the psychology disciplinary perspective in supporting parents of school-refusing teenagers and in solving the problem of teenager school refusal, and to explore the expansion of support programs under different disciplinary perspectives based on the psychology disciplinary perspective.

Finally, because we did not find any existing theoretical and practical results on supporting parents of school-refusing adolescents, after a detailed discussion among the research members, and taking into account the research directions of the two principals, we decided to follow the concept of postmodernism and start from the needs of the parents in the community, to further understand the current situation and predicament of these families, and to determine the details of the support program accordingly.

3.2 Stage2: Budding phases

Part 1-Plan: Provide extensive and individualized support to parents in the community

We intend to co-create a normative community for the recruited parents, within which all parents can express their dilemmas and needs, and we will communicate with these parents and invite them to participate in the matched support we offer. We also hope that parents with the same issues can communicate with each other and help each other with the program.

Part 2-Action: Support and postmodern dialogue groups not limited to psychological approaches

At this stage, given the impact of the epidemic, we created an online group for parents of adolescents who refused to go to school, called "Parent Huddle".

Since some parents in the community were still in a state of intense anxiety due to their children's long-term school refusal, we offered individual counseling and group counseling channels for parents who needed to participate

through online registration. The counselings were conducted online or offline as appropriate. The research team eventually provided individual counseling for 125 parents in the community and group counseling for a total of 13 sessions, for a total of 142 person-time.

We initially focused on adolescent school refusal from a counseling perspective, and at this stage, we intended to continue in this direction by inviting clinicians and counselors to hold public lectures to discuss the causes, interventions, and prevention of adolescent school refusal. From a psychological/spiritual perspective, the key to solving the problem of adolescent school refusal is to pay more attention on improving parent-child relationships in the family and alleviating adolescents' internalization problems (e.g. anxiety, depression, etc.).

We also held several events called "Dad Chat Room" and "Mom Chat Room". We invited some experts to have collaborative conversations on topics of current interest to parents within the community, and conducted a total of seven "Dad Chat Room" and five "Mom Chat Room" events (**Table 2**).

We designed the Mom and Dad Chat Room to show how two different identities, fathers and mothers, recognize and intervene in teenage school refusal problems, thereby promoting understanding between the couple and forming a consistent alliance to face and solve the problem.

Part 3-Reflection: Multiple supports begin to show results but reveal more problems

In the initial period of community building, the parents in the group did not appear willing and motivated to share their thoughts and feelings. We need to give these parents some incentive to interact in the future.

In the area of individual/group counseling, the parents said that they were able to receive enough support and empowerment. A mother who attended group counseling shared her feelings and gains*:

> '*I was so happy to meet Dr. A and the group today. I didn't expect the psychodrama format (a kind of drama that allows patients to vent their emotions and achieve therapeutic effects) to be so touching. I saw that I was once confused and helpless, and I also saw the light of hope shining in the future. I am grateful for your organization, it's great to have you*'.

Table 2. Detailed information about Dad Chat Room and Mom Chat Room.

Session	Date	Core guests	Topics
Consultant: *Dr. C**			
Host: *Dr. A*			
Reflective team: Parents in the community			
Dad Chat Room			
1	11/12/2020	Topic holder: Q (father)	What can I do to help our children
2	11/02/2021	Topic holder: W (father)	How to get our children back to school by improving the parent-child relationship
3	11/10/2021	Topic holder: E (father)	How to change children's perception of value
4	11/16/2021	Topic holder: R (father)	What changes can help get children on the right track
5	11/23/2021	Topic holder: T (father)	How to help school-refusing young people find a consistent direction to work towards
6	11/30/2021	Topic holder: Y (father)	Change in parental perception is the cornerstone of children's growth
7	12/07/2021	Topic holders: U and I (father)	A spiritual journey by conversation
Mom Chat Room			
1	11/24/2020	Topic holder: A (mother)	How can anxious parents and depressed children walk together
2	11/12/2021	Topic holder: S (mother)	How do support school-refusing adolescents as parents to better adapt to school
3	11/26/2021	Topic holder: D (mother)	Finding reasons why children refuse to go to school and ways to help them return to school
4	12/15/2021	Topic holders: F and G (mother)	Freedom to grow is a gift to our children! How to help them start a new journey
5	12/21/2021	Topic holder: H (mother)	Change the paradigm and find happiness

* Consultants serving the Y Psychology and Education Public Interest Platform.

Again, counseling can help these parents take a better look at their past selves and discover their inner resources, as another mother shared.

> '*Thanks to the teachers of the research team! Thanks to the partners who participated in the event, thanks to the partners who shared their hearts openly and sincerely, thanks to the partners who allowed us to look at ourselves again in the mirror, and thanks to the research team and the partners who supported and encouraged us. We are grateful for the support and encouragement of our research team and partners*'.

In addition, we found that during the group/individual counseling process, parents repeatedly reported problems in the home-school communication process. For example, some schools lacked awareness and response options to the problem of adolescent school refusal, believing that refusal to attend school was the problem of the adolescents themselves and their parents and that the school should not be responsible for it. Furthermore, some parents reported that teachers were risk factors in the development of youth refusal to attend school (such as teacher bullying).

However, we encountered three difficulties in the practice process. First, even though some parents within the community have improved the parent-child relationship in the family through individual /group counseling, their children have not resumed school. Second, most of these adolescents have stigmatizing attitudes toward counseling and taking psychotropic drugs, so they refused any form of psychological/psychiatric treatment. Third, some of the school-refusing adolescents did not have internalizing problems and did not appear to have significant problems with parent-child relationships with their parents. They just did not want to stay at school without any obvious reasons. Therefore, we considered expanding the disciplinary perspective further by inviting researchers and practitioners from more fields, such as sociology and education, to discuss solutions to the problem of school refusal together.

Parents who participated in the postmodern conversations group also gained a great deal. The mother of a 16-

year-old boy who refused to attend school shared her feelings after listening to one of the Dad Chat Room:

> '*Today I listened very carefully to your conversation with Dr. C. It was also a sharing of your experiences over the past two years, and I really benefited from it. In your account of your daughter's upbringing, I knew that you attach great importance to choose a school in the provincial capital in the hope that she would get a good education. In addition to school education, you also enrolled her in summer camps and winter camps during the holidays, hoping for her better development...At the end of your sharing, you have your reflections, including society, school, family, and children at all levels. You have mentioned Schopenhauer (I think it said "pain and pleasure are always intertwined" but I don't remember too clearly), which let me see your good learning, wisdom, and unconditional acceptance of children. This is what I want to learn from you. You have also talked many times about how your loved one is also an active learning parent and how you encourage and help each other, which is much better than my family's situation*'.

A father with the screen name Diligent left a message in the WeChat group after listening to one of the Mom Chat Room:

> '*Today, after listening to your sharing, I feel that it is not easy for mothers, and I also have tears in my eyes. The process is similar, just the difference in length. The children need our support, and we also need our children to inspire us. One light for the corner, ten thousand lights for the country. I think the attention, care, and love of Dr. A and Dr. C can light up our group. I also believe that we can hold each other close and keep each other warm. I suggest that Dr. A shine a little brighter and warmer and stick to the conversation*'.

We noticed that in almost every Mom and Dad Chat Room, parents in the community expressed their confusion about whether their children would be able to return to school and their concern about their children's impaired social functioning due to their long-term refusal to engage with their peers.

Part 4-Improvement: Encourage parental interaction and confidence for parents, as well as an exploration of other parts of the social-ecological system in which school-refusing adolescents live.

Our individual/group counseling and postmodern conversations have had good results, so we intend to continue them. But we should also energize parents to interact with each other themselves, so that they can offer understanding and support to each other, rather than just having parents passively receiving support from us or some of them being active in small groups.

We must also pay attention to the problems reflected by parents in their consultations, in the ecosystem in which the school-rejecting adolescents live, where the school and society seem to contribute in some way to the emergence and worsening of the problem of school refusal.

To increase the confidence of parents in the community, we focalized on seeking out teenagers who have successfully returned to school in the community to share their own experiences with these parents and, at the same time, we figured out a plan to have graduate/undergraduate students go to accompany the school refusing teenagers as elder brothers/sisters to keep their social functioning.

3.3 Stage3: Development phases

Part 1-Plan: Linking Practice and Academic Research Together

In this stage, we plan to go further in both practice and theory. On the practical side, in addition to providing parents with more assistance from a disciplinary perspective, we continue to standardize and proceduralize the support we already provide, which facilitates the stability and continuity of the support provided to parents. In addition, we will provide specialized support to address parents' concerns about the likelihood of their teenager returning to school and socialization issues. On the theoretical side, we will publish the results of our stage-by-stage research in the form of a paper, aiming to have a greater impact on the social level.

Part 2-Action: Multidimensional support at the practi-

cal level and rallying and de-stigmatization at the theoretical level

To motivate parents in the community to communicate and share, we conducted several public welfare Q&A sessions. Before each activity, parents will solicit questions in the WeChat group about their most current concerns/confusions, and graduate students will be responsible for collecting and organizing the questions, which will then be answered uniformly by the Q&A experts based on their professional knowledge and practical experience. Finally, we held a total of four public Q&A sessions, and the Q&A experts answered a total of 69 topical questions from parents in the group around 5 topics (**Table 3**).

Given that most parents benefit from the individual and group counseling provided by the research team, we determined to establish the "Y Psychology and Education Public Interest Platform" to ensure a stable and long-term counseling resource for the parents in the community. In the meantime, in response to parents' feedback on home-school communication, the research team invited teachers to conduct a "teacher chat room" to learn how to ensure a dynamic balance between home and school from the teachers' perspective and work together to address the problem of adolescent school refusal.

In addition, we have come to appreciate the importance of cooperation between experts from different disciplinary backgrounds. We invited experts, scholars, and clinical practitioners from a wider range of disciplinary backgrounds to examine the issue of school refusal. Experts in different fields have different focuses on addressing different types of problems in families with school-refusing adolescents.

To increase a sense of hope for parents in the community, we conducted the "Sponges Teenager Says" and "Sponges Experiencer Says" activities, and eventually invited three teenagers with a history of school refusal to share their own experiences.

For solving the socialization problems of school-rejecting adolescents, we also reported on the "youth accompaniment" activities, in which the graduate students of the research team accompanied the young people who refused to go to school, as "bosom brothers" and "bosom sisters", to observe the living conditions of these young people and understand their inner world. The family members in the community were very welcoming and supportive of the youth

accompaniment activities, and the research team eventually accompanied 4 teenagers 13 times. However, this activity was not continued due to the epidemic, and the parents in the community hope that the research team can continue this activity.

Finally, as a milestone of our action research, we also published an article titled "The Concept of Refusal to Learn" in the Perspective of Collaborative Parenting between Home, School, and Society. The paper analyzes the difference between the concept of "school refusal" and other concepts such as boredom, explains the influence of the individual, family, school and society on the problem of school refusal, and finally proposes the possibilities of integrated intervention, long-term accompaniment and collaborative intervention to solve the problem of school refusal.

Part 3-Reflection: Perspectives and measures to provide support to parents in the community are expanding, and academic paper has attracted extensive media attention

We noticed a marked increase in the tendency and willingness of the parents in the group to interact since the end of the first Q&A session, with parents sharing everything from how they felt during the Q&A, how they have changed, to how their children have been doing over time, and what their current confusions and perplexities are. Parents in the group seem to be starting to take on the role of helpers, giving each other advice on pressing issues. We considered using this group dynamic to move families within the community from top-down expert support to peer support groups.

Through feedback from parents and teachers, the group realized that schools also have their limitations and that many of the problems with home-school communication come more from the constraints of other parts of the social-ecological system centered on adolescents' families. Therefore, in the next phase, we continued to explore other subsystems of the social-ecological system that affect adolescents' school refusal.

In terms of further interdisciplinary cooperation, the research team hypothesized that it might be more effective if researchers, experts, and clinicians from different disciplinary backgrounds could collaborate in an interdisciplinary format on how to address school refusal issue. Besides, a researcher in a sociological context described one of the potentially serious consequences of school refusing youth - hikikomori. The issue of hibernation resonated with some

Table 3. Detailed information about public welfare Q&A sessions.

Session	Date	Q&A experts	Topics
1	09/26/2021	*Dr.* A and *Dr.* B	Questions and Answers about each presentation of the United Heart Forum
2	10/12/2021	*Dr.* A and *Dr.* B	Family Series Hot Issues—Confusion in Parent-Child Communication and Interaction (1)
3	10/19/2021	*Dr.* A and *Dr.* B	Family Series Hot Issues—Confusion in Parent-Child Communication and Interaction (2)
4	04/06/2021	*Dr.* A and MZ*	School Attendance Difficulties for Youth and Families Breakthroughs (1)
5	04/12/2021	*Dr.* A and XZ*	School Attendance Difficulties for Youth and Families Breakthroughs (2)

* Consultants serving the Y Psychology and Education Public Interest Platform.

of the parents in the group because their children are currently refusing school and staying with their parents for long periods, with a tendency to become hibernators soon.

Our academic papers have attracted widespread public and media attention, with many research teams, primary and secondary schools, and psychological and educational institutions inviting team leaders to give talks on school refusal, and many mainstream media outlets beginning to use the term "school refusal" in place of the term "boredom" and to speak out on behalf of the families of young people who refuse to go to school.

While, we have also encountered two obstacles. Our "Sponges Teenager Says" and "Sponges Experiencer Says" activities have not attracted a lot of attention from parents within the community, we speculated that these youths' experiences of school refusal were too different from their own children, so other parents could not able to gain effective insights from the experience. As for another difficulty, During the accompanying process, feedback from a graduate student caught the attention of the research team:

'Two of the youth who refused to attend school did not show significant emotional distress at home. They had a very regular lifestyle pattern and spent time learning knowledge and skills each day, and they did not appear to have the desire to return to school or the academic life within the school was not necessarily suitable for them.'

Through our further observations, we eventually came to a tentative conclusion after discussion that it may be difficult for such school-refusing youth to eventually return to school.

Part 4-Improvement: Motivating parents in the community to help each other and continuing to explore possible solutions to the problem of adolescent school refusal in a multidisciplinary context

We realize that parents within the community already have a certain propensity and motivation to help each other, and we intend to stimulate that part. In addition, we intend

to set up an interdisciplinary intervention team to explore the possibilities of interdisciplinary intervention with families of teenagers who refuse to go to school.

In addition, as mentioned earlier, we have learned that hibernation, which has been studied in the field of sociology, is often one of the most serious consequences of the school refusal problem, and that methods of intervening in hibernation may also be useful to us and the parents in the community.

As for school-refusing adolescents who may not eventually return to school, we would like to provide these youth with resources for alternative educational pathways based on the reality of their situation.

3.4 Stage 4: Mature phases

Part 1-Plan: Formation of well-established parent support groups and other possibilities for providing support

Firstly, we plan to promote and support the formation of parent support groups so that parents can develop long-term and stable forms of mutual support among themselves. Secondly, we intend to invite experts from various fields in the form of a forum to discuss the issue of adolescents refusing to go to school and to reach a theoretical level of agreement for the establishment of an interdisciplinary team. Thirdly, we intend to draw on the theories and interventions of hikikomori interventions, and to consider the possibility of transferring these theories and interventions to school-refusing adolescents. Finally, we need to provide some additional educational pathways for families of school-refusing adolescents who cannot return to school anyway.

Part 2-Action: Mutual support within the community and multidimensional support outside the community

At this stage, one of the parents in the group suggested that she would like to invite the parents in the group to share their emotions and confusion by expressing their thoughts about some issues at a regular time every week. We quickly

approved the plan and provided some technical support for the smooth running of the event. Since then, parent support meetings have been held almost every Friday at 7:00 p.m. By the end of June 2023, the group had held 74 parent support meetings.

We also conducted a total of five educational ecology and innovation education forums from the youth education ecosystem. In addition to this, we have published an academic paper entitled "A Multi-case Study of the Potential Relationship between School Bullying and School Refusal". Both these empirical and theoretical results shed some light on the potential mechanisms of production and deterioration of school refusal in the educational ecosystem.

Following the interdisciplinary intervention and prevention idea, we finally invited experts, researchers, and clinicians from various fields such as education, psychology, sociology, anthropology, and clinical medicine to conduct a forum sharing session on interdisciplinary collaboration to solve the problem of adolescent school refusal. Experts, researchers, and clinical workers from various fields have now agreed on the theoretical level and will try to explore the practice of interdisciplinary interventions in the future.

In addition to the interdisciplinary forum, we also invited experts, researchers, and clinical workers in the field of hikikomori to conduct a discussion.

Finally, to explore the diversified educational pathways for school-refusing adolescents, we invited the founder of Innovative Education to share his philosophy and curriculum, which provided more resources on educational pathways for the families in the community.

Part 3-Reflection: Sustaining the dynamics of parent support groups in the long term, improvements in external support.

The parent support group activities have been well established and the parents in the group have transformed from passively receiving support from experts at the beginning of the group to actively forming a support group by themselves. In the future, we will continue to provide additional support to the parents in the group.

While good progress is being made with internal support, we also need to keep improving external support. Because our interdisciplinary team has reached an initial level of agreement at the theoretical level, we might consider selecting some families for a pilot intervention. And before the intervention, we will assess the specifics of each family's social-ecological system and design a feasible intervention program based on the specific problems.

In addition, since the localization of diversified educational paths in China is somewhat restricted, some parents expressed doubts and concerns about other educational paths.

At last, as the social impact of our academic papers continues to grow, our theoretical findings will continue to be enriched and we will continue to explore support and intervention pathways that are localized to China.

Part 4-Improvement: Possible future directions and measures of support

We propose some directions for future endeavors and possible interventions based on current action research progress. First, we consider that the problem of adolescents refusing to go to school may change in various forms and degrees over time, and the status and needs of parents within the community may change as well, so we need to keep adjusting the direction and measures of our support. Secondly, our interdisciplinary team also needs to start working on the practice and can learn from the experience and lessons from the existing interdisciplinary practices abroad. Thirdly, we will invite some representatives of young people in innovative educational institutions to share the educational concepts and models of their schools. Fourthly, we will consider relaunching the Accompaniment Program, as we have found that the Accompaniment Program is also effective in the area of hikikomori intervention. Lastly, we will consider organizing an offline group of young people who refuse to go to school and carry out a series of targeted activities.

4. Discussion

4.1 The shift from top-down expert support to peer support for parents of school-refusing adolescents

The parents in the study initially joined the WeChat community because of their children's non-attendance, which would have been a challenge for these parents, for example, to take the risk that this choice would be effective for their children to return to school. While on the other hand, we believe that these parents had strong motivations to seek help, and perhaps these motivations could have helped them change their behavioral and cognitive patterns in a way that

would have had a positive effect on their children's school refusal.

Initially, almost all parents in the community had one goal in mind–to get their children back to school as soon as possible, not realizing that the school-refusing adolescents themselves had different perceptions and feelings about their refusal, for example, some school refusers did not go to school to adjust to their internal discomfort[72]. Most of these parents' original thoughts were also to learn about psychology and education, especially expecting some concrete and actionable solutions to the school refusal problem to guide them on how to deal with various situations in their children's daily lives and how to motivate their children to return to school as soon as possible. One of the team's PhDs reminded parents that:

'Our school-refusing adolescents often seem to say and act out of character at home, and parents want specific solutions for each out-of-control behavior, but to put it another way, can we use these behaviors and words as a mirror of parents' insecurities and anxieties?'

As we provided them with various psychological support, their anxiety was alleviated and a new understanding of school refusal emerged step by step. They discovered their past inappropriate perceptions, thoughts, and behaviors, perceived the pain and suffering of their children during the school refusal process, and began to focus more of their time and energy on repairing their parent-child relationship. One of the parents shared in the We Chat group:

'My child has been out of school for a while and in the past I was always worried about him falling behind in his homework, so I paid for a tutor to guide him in his homework. I also gave my child a daily schedule of study and exercise at home, which resulted in my child remaining in a state of stress at home, my child showing very obvious resistance, and a very rigid parent-child relationship between me and my child. One day, I realized that all of this was essentially because I was particularly anxious about receiving negative comments from friends and family about my child's lack of schooling.'

2 months ago, I started to change my strategy and decided to do just one thing, and that was to let my child really relax and I wasn't interfering in most of his life. Now, I can clearly feel that the parent-child relationship has improved and the child has more smiles on his face than before, al-though his schedule is still a bit black and white.'

Gradually, under the guidance and encouragement of the leaders, they went from not making any kind of comments to sharing their feelings after participating in various activities, and then gradually began to share their daily lives, including their understanding of the problem of school refusal and the changes in their own and their children's growth, and later these parents began to express and share their confusion and negative emotions. By this time, the parents' community had taken the shape of a support group. The parent support meetings, which have been held since the beginning and are still going on today, mark the formation of a standardized support group for parents within the group, who have been able to discuss and address important issues related to teenage school refusal on a long-term and stable basis. What our research team will be able to do in the future is to continue to provide additional and complementary support to the support groups based on their needs. One of the parents who attended the parent support meeting said:

'Because of the same expectations we can come together, the same experience makes us connect more and more tightly. I suggest we listen to more voices of those who have been there or experienced it if we have time! Thanks to M for spearheading the self-organized conversation! We can gain strength as long as our hearts are connected to each other. As long as we as parents can communicate more, we can more or less solve the problem.'

4.2 The shift from intervening in the families of school-refusing adolescents to intervening in the social-ecological system in which these families live

As mentioned earlier in our counseling with parents of school-refusing adolescents, these parents often experience frustration and powerlessness over their children's school refusal, suffer from strange looks from relatives and friends, but do not know where to turn for help and support, and are often in a state of extreme emotional distress. In addition to affecting their own physical and mental health, these distressing experiences may be passed on to their children, exacerbating the further development of school refusal behaviors[33, 73]. It is timely and necessary for us to provide them with individual and group counseling to alleviate their emotional confusion and correct misperceptions in their par-

enting process.

In counseling, parents expressed a desire for more support from the school for their refusing youth. To this end, after providing long-term and stable counseling support for families who refuse to attend school, we began to explore the school subsystem of the social-ecological system in which families of school-refusing adolescents live[21]. Myers and Pianta (2008) showed that good, positive teacher-student relationships play an important role in adolescents' development and sense of belonging in school[74]. We invited school teachers to interact with parents in the community to share parents' and teachers' perspectives on school refusal, and to explore how the family and school systems of refusing adolescents deal with problems in the communication process and how they can work better together in the future. However, the emergence and development of school refusal behaviors are not determined solely by two factors: school and family. We extended our study beyond the family and school to the educational ecosystem in which adolescents live to find the most appropriate factors that influence the emergence and development of school refusal for different families. At the same time, parents are becoming aware of the multiplicity of reasons for the school refusal problem, and N shares from a fresh perspective that:

'In a sense, our children may have been sent from heaven to wake us up ...... Our children are purer people who need to grow more freely in a wider space, and today's families, schools and society do not provide the space they need, so they are "sick" So they are "sick" and try to wake us and society up with their "sickness".'

Finally, the manifestation and severity of the hikikomori problem have drawn the attention of parents within the community who are concerned about their children developing into hikikomori youth, and therefore the future research team will also focus on the prevention of the hikikomori problem to minimize the risk of hikikomori among these school-refusing youth.

4.3 The shift from a single discipline to interdisciplinary exploration

Before the initiative, we learned that most of the other agencies that intervene in adolescent school refusal problems do so from their own clinical experience and lack empirical research as a theoretical basis. In contrast, our research team has a rich disciplinary background, especially the two leaders of our research team have a rich theoretical knowledge base and clinical experience related to psychology and we believe that our professionalism is the key to gaining the trust of parents in our community.

We started from a psychological perspective and continued to combine empirical research findings with our practical experience, gradually extending to the perspective of clinical medicine, then to education and sociology, and finally to interdisciplinary intervention and prevention of adolescent school refusal. This reflects a shift in the path and direction of our research. First, the limitations of a single discipline have become increasingly evident. Take the psychology/clinical medicine perspective as an example, these two disciplines are mostly used to address adolescents' anxiety and depression symptoms and thus facilitate their return to school. However, some school-refusing adolescents within the community do not have these internalizing issues, and their ability and motivation to return to school are more constrained by other factors (e.g. school violence and teacher bullying within the school)[75, 76]. In addition, there are students who simply do not like the curriculum in the modern education system. That is, from a broader disciplinary perspective, the problem of school refusal does not imply an individual problem in one family, but rather reflects a group issue that potentially occurs in society as a whole. Second, understanding and intervention options for school refusal issues may vary too much across disciplinary perspectives, potentially creating conflicts between them and a disconnect from the actual situation of adolescents[54].

Nevertheless, in line with Reissner et al. (2019) multimodule (MT) intervention protocol[55], the research team should also consider the physical health of adolescents and consider inviting physical education teachers/specialists to join the interdisciplinary team in the future. In conclusion, the interdisciplinary exploration of school refusal is both a gradual exploration by the research team and a simultaneous confirmation of the call for interdisciplinary understanding and interventions in research findings on school refusal.

4.4 A postmodern psychological philosophy that emphasizes local knowledge

Research on school refusal in China started late, and most youth psychological and educational institutions cur-

rently do not have systematic and structured programs to address school refusal. At the same time, although school refusal has been researched in Western countries for decades, the research and intervention programs in Western countries may not be suitable for Chinese adolescents due to social, economic, political, and cultural differences between countries/regions. Therefore, we adhered to postmodern psychological concepts (PMP), focusing on local knowledge and solutions. In this action research, this philosophy and behavior are reflected in two aspects.

First, we delve into the perspectives of the fathers and mothers of school-refusing youth, from both the paternal and maternal perspectives, to understand how the fathers and mothers respectively view the problem of school refusal, what they have done during the youth's refusal process, and what obstacles they have encountered in helping their children return to school.

Second, we provide support to the parents of school-refusing adolescents based on their needs. Each family's needs vary depending on their situation, and we use different forms of practice to support the needs of different parents in the community, including visits by research team members to accompany the youth and providing resources for diverse educational pathways for school-refusing youth.

5. Conclusions and recommendations

This is an action on school refusal from the perspectice of school-family-community-healthecare partnerships. What can we do?

Firstly, we appeal the phenomenon of school refusal is not only a psychological issue of student behavior, nor a pedagogical issue of family education and teacher instruction, but also a sociological topic that needs to be co-created by schools and educational organizations in terms of management/intervention systems and professional support from social third-party organizations.

Secondly, it should be noticed that school refusal should be regard as an issue of school attendence problem in the whole society.

Last but not least, school refusal is a learning process for some students which can happen to every family. So it make sense to understand and remove stigma for it. Everyone can do something!

Author Contributions

Conceptualization, He Li and Ruan Linyan; Methodology, Ruan Linyan and Zeng Haibo; Software, Ruan Linyan and Zhang Chune; Action investigation, He Li, Ruan Linyan, Zeng haibo and Ren Yanming; Resources, He Li and Ruan Linyan; Writing—original draft preparation, Ren Yanming and Ruan Linyan; Writing—review and editing, Ren Yanming and Ruan Linyan; Visualization, Ren Yanming and Ruan Linyan; Funding acquisition, He Li and Ruan Linyan. All authors have read and agreed to the published version of the manuscript.

Conflict of Interest

The authors declare no conflict of interest.

Data Availability Statement

Due to the nature of this research, participants of this research did not agree for their data to be shared publicly, so supporting data is not available.

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Ethics Statement

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ARTICLE

Career Exploration and Career Adaptation in Middle School Students: The Moderating Effect of Perceived Parental Expectations

Tianlin Liu [1], Junqing Yue [2], ZeRen Liang [3], Shixiang Liu [1]*

[1] *Teachers College of Beijing Union University, Beijing 100011, China*

[2] *Education Research and Training Center of Pinggu District, Beijing 101200, China*

[3] *Beijing First Experimental Primary School, Beijing 100052, China*

ABSTRACT

Good career adaptability is the bridge for students to enter the society successfully. In recent years, the employment situation is more and more severe, and the employment pressure continues to move to the middle school group, and the career adaptability of middle school students and its influencing factors have gradually become an important issue in career development. Therefore, this study focuses on the group of middle school students and discusses the influence of personal factors and family factors on their career adaptability.In order to explore the relationship between middle school students' career exploration and career adaptation, and the role of parents' expectation perception in it.In this study, Career Resilience Scale, Career Exploration Scale and Parents' Expectations perceived by Middle school students were adopted.A questionnaire survey was conducted among 340 non-graduating students from three middle schools in Beijing. SPSS 21.0, AMOS plug-in and Process plug-in were used to analyze the data. The results show that there are significant differences in perceived parental expectations by gender and school level. There is a significant positive correlation between perceived parental expectation and career exploration and career adaptation, and a significant negative correlation between career exploration and career adaptation. There is a significant correlation between the dimensions of middle school students' career exploration, perceived parents' expectations, career adaptability and their total scores, and perceived parents' expectations play a moderating role between middle school students' career exploration and career adaptability.
Keywords: Career exploration; Career adaptability; Perceiving parental expectations; Middle school student

1. Introduction

In recent years, China's economy is developing rapidly and rapidly, and with the rapid transformation of the market, the employment mode is also undergoing profound changes, which leads to fierce competition for jobs, and the employment situation is becoming more and more severe. The middle school period is a critical period for career development. Teenagers at this stage not only have to face the adaptability of the transition period such as entrance examination and application for voluntary major, but also start to combine the current learning task with the ideal goal, explore the future development direction, and prepare for career development (Tang Qin et al., 2013). So how to improve the consciousness and ability of high school students' career planning is the key issue in the field of education. In 2019, The General Office of the State Council issued the Guiding Opinions on Promoting the Reform of Education methods in ordinary high schools in the New Era, which clearly pointed out that it was necessary to "strengthen guidance on students' ideals, psychology, study, life and career planning." Therefore, it is particularly important to explore the influencing factors of senior high school students' career adaptability.

1.1 Career exploration

In the research field of career exploration, different scholars have put forward their own distinctive theoretical viewpoints. As early as 1963, Jordaan emphasized the exploration of the individual's internal and external environment in order to achieve self-seeking career development[1]. Blustein et al. (1997) further pointed out that career exploration is the pursuit process throughout an individual's career[2]. Flum and Blustein adopted the theory of Stumpf et al., who explored the process of career exploration in depth and believed that the process involved extensive exploration and evaluation of internal attributes, external opportunities and constraints, which revealed the inner motivation of career exploration behavior from the perspective of identity and motivation[3].

1.2 Career resilience

As the core ability of individuals to adapt to career changes, the concept of career resilience was first proposed by Savickas in 1997, emphasizing the social psychological resources for self-adjustment required by individuals to cope with job tasks and role changes[4]. With the deepening of research, Savickas further improved the theory of career adaptability in 2002, constructed the theory of career construction, and introduced a new dimension of "career confidence", thus expanding career adaptability into four dimensions[5]. In 2005, as part of the career construction theory, Savickas redefined career resilience as "the psychosocial structure exhibited by individuals in coping with career development tasks, career transition preparations and resources", and constructed a more complete model of career resilience based on this definition[6].

1.3 Perceiving parental expectations

Under the framework of career construction theory, family resources are regarded as an important background factor for individual development. Perception of parental expectations, as an individual's subjective cognition of parental expectations in family resources, has a profound impact on individual career development. This concept focuses on the subjective perception of parents' expectations, which more reflects the subjective interpretation of parents' expectations by children. Yu Hongfei (2017) and Wei Yicheng and Xu Fuzhen (2019) have discussed this issue in depth, arguing that the perception of parents' expectations is an individual's perception and understanding of parents' behaviors, attitudes, feelings and values[7, 8]. This study also holds the same view, and believes that perceived parental expectations are an important perspective to understand individual career development.

1.4 Research on career exploration, perceived parental expectations and career adaptation

Relationship between career exploration and career adaptability

In reviewing previous studies, we found that career adaptability has a significant positive predictive effect on career exploration. The follow-up study by Hirschi, Herrmann and Keller (2015) further confirmed this point, and their research results showed that career adaptability can positively predict individuals' career exploration behaviors[9].

In addition, the study of Judge and Kammeyer (2011) also shows that individuals who are confident in their ability to solve problems in their career development are more likely to exhibit more career exploration behaviors[10].

The relationship between career exploration and perceived parental expectations

The study of Liu and Mcmahon (2015) reveals that parents' overemphasis on highly qualified occupations may lead to their children's unrealistic expectations for future work, which in turn affects their employment choices[11]. On the other hand, Leung and Shek (2011) found that perceptions of parental expectations in a specific career field can predict career decision-making difficulties of college students. These studies all show that parents' expectations play an important role in their children's career choice and development[12].

Perceiving the relationship between parental expectations and career resilience

Although relatively few studies have directly explored the relationship between perceived parental expectations and career resilience, studies have provided indirect clues. Chen Yufei et al. (2019) found that parental autonomy support has a significant positive predictive effect on the career adaptability of high school students, that is, when parents give their children more autonomy support, their level of career resilience is higher[13]. The study of Yang Qiang et al. (2021) also shows that parental emotional warmth has a positive predictive effect on college students' career adaptability. These studies suggest that perceiving parental expectations, especially parental support and warmth, may promote the development of career resilience[14].

2. Materials and methods

2.1 Subject

The subjects of this study were 351 middle school students in Beijing. After communicating with the head teacher of the school in advance, they entered the class to issue questionnaires, and a total of 345 questionnaires were collected. After the questionnaire screening, 5 incomplete questionnaires were excluded, and 340 effective questionnaires were obtained, with an effective rate of 98.55%. Among them, 172 were male, accounting for 50.6%; There are 168 female students, accounting for 49.4%. Only child 247, 69.7%; There

were 103 non-only children, accounting for 30.3%.

2.2 Method

In this study, two middle schools in Beijing were distributed with questionnaires, including Career Adaptability Scale, Career Exploration Scale and Parents' Expectation Questionnaire perceived by Middle school students. Students answered the questionnaires by themselves and collected the questionnaires after completing the questionnaires.

2.3 Survey tools

Career exploration scale

In this study, the Chinese version of Stumpf based Career Exploration Scale (Career Exploration Scale) revised by Xu Cun in 2008 was adopted[15]. The scale consists of 18 items in 4 dimensions, including: environmental exploration (1–5), self-exploration (6–10), purpose-system exploration (11–14) and quantity of information (15–18). Using a 5-point Likert scale, 1 means "very little" and 5 means "very much." The higher the score, the higher the motivation to explore. The internal consistency reliability of the scale was 0.93.

Career resilience scale

This study adopts the Chinese version of Savickas career Resilience Scale revised by Chinese scholar Hou Zhijin et al.[16]. The scale is composed of 24 items, including four dimensions of career concern, career control, career curiosity and career confidence. The scale is scored by Likert 5 points, and the higher the total score is, the higher the level of career adaptability. The internal consistency reliability of the scale was 0.89.

Perceive parental expectations scale

In this study, the perceived parental expectation questionnaire of middle school students[17] revised by Jin Lu in 2014 was adopted. It contains 24 questions, including five dimensions of academic performance, moral performance, future achievement, interpersonal relationship, and physical and mental quality. The interpersonal dimension was deleted in this study. The scale was scored by Likert 5 points. Cronbach's α coefficient of four dimensions were: academic performance 0.765, moral performance 0.830, future achievement 0.845, and physical and mental quality 0.863. The Cronbach's α coefficient of the whole population is 0.875.

2.4 Statistical method

SPSS21.0 software and AMOS plug-in were used for data analysis. Descriptive statistics were used to deal with the basic situation of each variable. Independent sample T test and single factor analysis of variance were used to deal with the differences of demographic variables. Pearson correlation analysis was used to analyze the correlation between variables. Multiple regression and AMOS and process were used to investigate the mediating effect, establish a standard mediating model, and test the model fit.

3. Results

3.1 Demographic variables are tested for differences in each variable

The differences of career exploration and dimensions, career adaptability and dimensions, perception of parents' expectations and dimensions were examined for students of different genders. The results are shown in **Table 1**. As for the career confidence dimension of the career adaptability questionnaire, the score of male students is significantly lower than that of female students (t=−0.502,p=0.01). The score of perceived conduct of parents' expectations questionnaire was significantly lower for boys than for girls (t=−1.97,p=0.003). In addition, there were no significant gender differences in other dimensions.

Table 1. Test the differences of different genders in each dimension.

Dimensionality	Male		Female		
	M	SD	M	SD	t
Environmental exploration	14.23	4.99	13.55	5.37	1.20
self-exploration	14.41	3.21	14.34	3.46	0.18
Objective exploration	15.24	5.02	15.19	5.01	0.08
Information exploration	12.79	3.98	12.51	4.06	0.65
Career concern	23.14	4.80	23.82	4.28	−1.39
Career curiosity	23.86	4.15	23.68	4.69	0.36
Career control	25.07	3.88	25.20	4.25	−0.31
Career confidence	24.36	3.89	24.58	4.50	−0.50**
School work	17.99	2.37	17.64	2.24	1.37
Moral performance	14.02	1.72	14.35	1.30	−1.97**
Future achievement	15.38	3.47	14.46	2.98	2.61
Physical and mental quality	31.92	3.66	31.92	3.66	−1.97
Career exploration	56.68	15.17	55.60	15.84	0.64
Career resilience	96.43	13.90	97.31	15.17	−0.55
Perceived parental expectations	105.43	10.44	104.60	9.56	0.76

Note: *p<0.05, **p<0.01.

The students who are the only child or not are explored in their career and tested the differences of various dimensions, self-clarity in future work and proactive personality. After testing, there is no significant difference in each variable whether it is the only child or not.

3.2 Correlation analysis of each variable

The correlation analysis of each variable is conducted, and the results in **Table 2** show that there is a significant correlation between career exploration, career adaptation and perceived parental expectations (p<0.01). There is a significant positive correlation among the three.

3.3 An examination of the moderating effects of perceived parental expectations

Model 1 in PROCESS 3.0 plug-in of SPSS 19.0 compiled by Hayes (2014) was used to test the adjustment effect. First, gender was used as the control variable (C), then career adaptation was used as the dependent variable (Y) and career exploration was used as the independent variable (X), and parental career support was divided into high and low groups with ±1 standard deviation to investigate the moderating effect of perceived parental expectation (M) on career exploration (X) and career adaptation (Y). The adjustment model is shown in **Figure 1**.

Table 2. Correlation between the three variables and their dimensions.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1 Environmental exploration	1														
2 self-exploration	0.676**	1													
3 Objective exploration	0.711**	0.726**	1												
4 Information exploration	0.684**	0.678**	0.724**	1											
5 Career concern	0.298**	0.493**	0.376**	0.385**	1										
6 Career curiosity	0.231**	0.440**	0.381**	0.296**	0.657**	1									
7 Career control	0.134*	0.287**	0.232**	0.164**	0.529**	0.609**	1								
8 Career confidence	0.151**	0.274**	0.253**	0.209**	0.540**	0.658**	0.689**	1							
9 School work	0.102	0.086	0.09	0.09	.120*	0.174**	0.081	0.110*	1						
10 Moral performance	0.204**	0.137*	0.240**	0.165**	0.140**	0.217**	0.148**	0.122*	0.547**	1					
11 Future achievement	−0.002	0.092	0.051	−0.001	0.222**	0.227**	0.247**	0.200**	0.276**	0.139*	1				
12 Physical and mental quality	0.037	0.157**	0.115*	0.055	0.338**	0.283**	0.369**	0.314**	0.184**	0.137*	0.488**	1			
13 Career exploration	0.888**	0.853**	0.906**	0.869**	0.427**	0.372**	0.224**	0.245**	0.105	0.218**	0.035	0.098	1		
14 Career resilience	0.245**	0.448**	0.372**	0.317**	0.818**	0.871**	0.830**	0.852**	0.145**	0.186**	0.266**	0.386**	0.381**	1	
15 Perceived parental expectations	0.096	0.153**	0.169**	0.119*	0.325**	0.318**	0.361**	0.309**	0.556**	0.536**	0.585**	0.699**	0.151**	0.389**	1

Note: *p<0.05, **p<0.01.
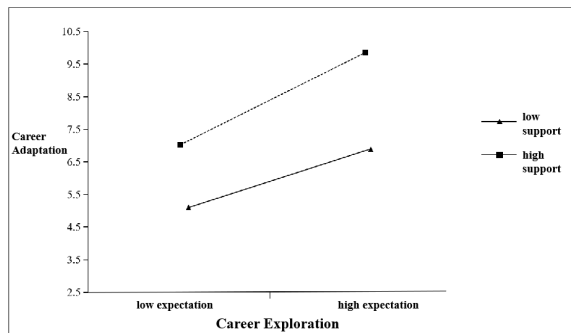
Figure 1. Structural equation model.

The results of moderating analysis showed that the interaction between perceived parental expectation and career exploration was significant (β=0.206, p=0.001, CI[0.085, 0.327]), and parental career support played a moderating effect in the pathway. The higher the level of parental career support, the more the positive predictive effect of perceived parental expectation on career adaptability.

4. Discussion

4.1 The differences of demographic variables in various indicators

The survey found that in the four dimensions of career exploration, there was no significant difference between men and women. In the four dimensions of career adaptability, except for the dimension of career confidence, girls are significantly higher than boys, and there is no significant difference in other dimensions. Boys in middle school are less confident than girls about their future career choices and have more doubts about their ability to solve career problems.

In the scores of perceived parental expectation and its four dimensions, there is no significant difference between boys and girls except for the character dimension. It can be seen that boys are more likely than girls to be influenced by their parents' expectations in their behavior.

4.2 The relationship between career exploration, perceived parental expectations, and career adaptation

There is a significant positive correlation between all dimensions of career exploration except environment dimension and perceived parental expectation, that is, the higher the score of career exploration, the higher the score of perceived parental expectation. There is a significant positive correlation between perceived parental expectations and career adaptation and its dimensions, that is, perceived parental expectations can positively predict career adaptation. Career exploration and all dimensions of career exploration have significant positive correlation with career adaptability and its dimensions, that is, the higher the score of career exploration, the higher the degree of career adaptability.

4.3 The moderating effect of perceived parental expectations on the relationship between career exploration and career adaptation

The results show that perceived parental expectations have a significant moderating effect on career exploration and career adaptation. High perceived parental expectations can enhance the relationship between career exploration and career adaptation in middle school students. In the middle school stage, teenagers are easily affected by the family environment. Middle school students with high perception of parents' expectations may be more willing and active to carry out some future planning and exploration in order to meet

their parents' expectations and expectations, thus affecting and enhancing their career adaptability. Therefore, parental expectation has an important effect on individual's career adaptability.

5. Conclusions

Through the research on the relationship between middle school students' career exploration, perception of parents' expectations and career adaptability, this paper draws the following conclusions:

(1) Career exploration of middle school students has a significant positive predictive effect on career adaptability.

(2) Middle school students' perception of parents' expectations has a significant positive predictive effect on career adaptability.

(3) Middle school students' perception of parents' expectation plays a moderating role between career exploration and career adaptability.

Author Contributions

Tianlin Liu: Responsible for literature review, data collection, data analysis and thesis writing. Junqing Yue: Responsible for data collection. Zeren Liang: Responsible for data collection and data analysis. Shixiang Liu: Responsible for overall design and thesis writing.

Conflict of Interest

There is no conflict of interest.

Data Availability Statement

In the data availability statement, authors should provide information about the availability of data and materials used in the study. It should include details about how and where to access the data, including any restrictions on access or use. The statement should be clear and concise, and should provide sufficient information for others to access and use the data. If the data is not publicly available, authors should explain why and describe any conditions or limitations on access.

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